

Integrating CBT, IPT Therapies and Faith-Based Spiritual Intervention to Enhance Treatment for Depression: A Case Series

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INTRODUCTION

Depression is a widespread and serious mental health issue that affects over 300 million people globally, spanning all age groups and demographics. In Pakistan, where cultural, religious, and social factors play a significant role in individuals' lives, addressing depression requires a tailored approach. This study explores the effectiveness of a combined therapeutic intervention consisting of Cognitive Behavioral Therapy (CBT), Faith-Based Spiritual Intervention (FBSI), and Interpersonal Psychotherapy (IPT) in treating depression among a diverse group of clients in Pakistan. The integration of these therapies aims to provide a holistic approach that respects the cultural and religious contexts of the participants while addressing their mental health needs.

AIM

The primary aim of this study was to evaluate the effectiveness of an integrated therapeutic approach combining CBT, FBSI, and IPT in treating depression disorders among clients in Pakistan. This study seeks to understand how these therapeutic techniques, when culturally adapted, can reduce depressive symptoms and improve overall mental health outcomes.

METHOD

This study involved 23 clients diagnosed with depressive disorders. The participants varied in age, gender, education, religion, and socioeconomic status, ensuring a diverse sample. The intervention program incorporated CBT, IPT, and FBSI techniques, and was

conducted by a qualified CBT therapist and mental health practitioner following a structured treatment protocol. Quantitative data were collected using the Beck Depression Inventory (BDI) to measure the severity of depression symptoms before and after the intervention. Additionally, qualitative data were gathered through interviews and open-ended questionnaires to gain deeper insights into the clients' experiences and the perceived effectiveness of the intervention.

RESULTS

Preliminary results from the study indicated a significant reduction in depression symptoms among participants following the intervention. The quantitative data from the Beck Depression Inventory showed a marked decrease in symptom severity at post-intervention. Qualitatively, clients reported notable improvements in emotional regulation, interpersonal relationships, motivation, focus on the present, and acceptance of negative emotions. These findings suggest that the combined therapeutic approach was effective in addressing depression within the cultural context of Pakistan.

CONCLUSION

This study highlights the importance of culturally adapting therapeutic interventions such as CBT, FBSI, and IPT to better suit the needs of the Pakistani population. By incorporating religious beliefs, social norms, and cultural values into the therapy sessions, the study ensured that clients could engage fully with the therapeutic processes. The positive outcomes of this study contribute to the existing literature on

the use of CBT, FBSI, and IPT in diverse cultural settings and provide valuable insights for mental health professionals seeking to develop more effective treatment strategies for depression. The study suggests that further research with larger sample sizes is necessary.

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